

Department of Public Health  
and Human Services

FAMILY MEDICAID

Section:

COVERAGE GROUPS

Subject:

Breast & Cervical Cancer Treatment

**Supersedes:**

FMA 201-12, 07/01/05

**References:**

Section 1902(a)(10)(A)(ii)(XVIII) of the Social Security Act; ARM 37.82.101, .701

**GENERAL RULE**--The 2001 Montana Legislature passed legislation creating a new Medicaid eligibility group beginning July 1, 2001. This group is known as the "Montana Breast & Cervical Cancer Treatment Program" (MBCCTP). Women eligible under MBCCTP will receive Basic Medicaid coverage. The TEAMS subtype is MA-BC.

Eligibility for MA-BC will be determined in the Public Assistance Bureau (PAB) Central Office, by the Family-Related Medicaid Policy Specialist.

## **ELIGIBILITY REQUIREMENTS**

To be eligible to receive Medicaid coverage under this new group, a woman must:

1. Have received a breast and/or cervical health screening through the Montana Breast & Cervical Health Program (MBCHP);

**NOTE:** The woman must be diagnosed as a result of the MBCHP screening. Women diagnosed prior to contacting MBCHP may not be eligible.

Women should call MBCHP at 1-888-803-9343 for more information about the screening program.

2. Have a diagnosis of breast or cervical cancer, or of a precancerous condition of the breast or cervix (diagnosis must be result of MBCHP screening);
3. Be a U.S. Citizen, U.S. National or Qualified Alien;
4. Not have health insurance or other medical coverage that will cover breast and/or cervical cancer treatment;
5. Be 50 to 64 years old;

**NOTE:** MBCHP may make exceptions to the lower age limit.

6. Have countable income equal to or less than 200% of the Federal Poverty Level; and

**NOTE:** Income information is self-reported, and not verified.

7. Not be eligible for any other category of Medicaid.

There is no resource limit for MA-BC.

## APPLICATION PROCESS

**After** the woman has been screened through the Montana Breast and Cervical Health Program (MBCHP) and been diagnosed with either breast or cervical cancer or precancer, the completed MA-BC application (HCS/BCC-002) and necessary attachments/verification, will be sent to PAB Central Office:

Family-Related Medicaid Policy Specialist in Helena  
DPHHS  
MBCCT Program Eligibility  
PO Box 202925  
Helena MT 59620-2925

Applications may be sent to PAB Central Office by either the Site Administrator who is managing the woman's MBCHP case, or by the woman. However, the woman must be screened through MBCHP before submitting an application.

The following must be attached to the completed application:

1. Proof of citizen, U.S. National or Qualified Alien status;
2. A copy of the MBCHP Eligibility and Enrollment form (used to qualify for a breast and/or cervical screening through MBCHP);
3. The MBCCTP Medicaid Referral form (HCS/BCC-003) completed by their medical provider. This form will list their diagnosis and expected length of treatment;
4. A copy of their insurance card, if they have other health insurance; and
5. Data collection forms (the Site Administrator will provide these).

## APPLICATION DATE

The application date is the date the signed application (HCS/BCC-002) is received and datestamped in the PAB Central Office at the address listed above. Applications received at any other location are not considered filed.

**POTENTIAL  
ELIGIBILITY  
FOR OTHER  
MEDICAID  
COVERAGE**

Federal and State regulations require that if an applicant for MA-BC appears to be eligible for Medicaid under another category, she must be opened under that category, if eligible. To accomplish this, women who appear eligible for other coverage will be referred to their local Office of Public Assistance to apply for that coverage.

An HCS-250, Application for Assistance, will be sent to any woman who appears to be eligible for another coverage group, along with instructions to contact the local OPA.

Women who are eligible for another coverage group must be opened for that coverage. **If a woman would be eligible for other medically needy Medicaid coverage, non-medically needy coverage under MA-BC will be opened, if eligible.**

If a woman fails to either follow through with the referral to the county OPA or comply with eligibility requirements for other Medicaid coverage, her MA-BC application will be denied for failure to comply.

**CREDITABLE  
COVERAGE**

If a woman applying for MA-BC has health insurance or other medical coverage that will cover breast and/or cervical cancer treatment, and that coverage meets the definition of 'creditable coverage', she is not eligible for MA-BC. She may be eligible for another category of Medicaid however.

It doesn't matter if the insurance has a very high deductible (i.e., \$5000). If it will cover the treatment, and is considered creditable coverage, she is not MA-BC eligible.

**LENGTH OF  
COVERAGE**

Medicaid coverage under MA-BC continues until:

1. a woman's cancer treatment is completed. When the cancer treatment is concluded, MA-BC coverage will close the end of that month, or the next month if timely notice cannot be given.  
  
**NOTE:** Follow-up screening is NOT considered treatment, and Medicaid will not remain open to cover follow-up.
2. the end of the month in which a woman becomes 65 years old whether or not her treatment is completed. At 65 she is considered 'aged', and may be eligible for another Medicaid coverage group, such as MA-MA.
3. the woman obtains 'creditable coverage'. Creditable coverage includes Medicare.

**RETROACTIVE  
COVERAGE**

Women eligible for MA-BC coverage may receive up to three months of retroactive Medicaid coverage, if they are eligible and have a medical need in each month. The three months of retroactive coverage is based on the application date (i.e., the date the application is received by the PAB Central Office).

Retroactive coverage cannot be opened prior to the month of diagnosis.

**MBCHP SITE  
ADMINISTRATORS**

Following are the Montana Breast and Cervical Health Program Site Administrators for Montana. Refer women in need of a breast and/or cervical cancer screening to the appropriate administrator.

**Beaverhead, Deer Lodge, Granite, Madison, Powell and Silver Bow counties:**

Renee Ashby  
Marcia Murja

(406) 497-5080  
same

Butte-Silver Bow County  
Family Services Center  
25 West Front Street  
Butte MT 59701

**Big Horn, Carbon, Golden Valley, Musselshell, Stillwater, Treasure, Yellowstone counties:**

Debbie Brown  
Molly Hale

(406) 247-3215  
(406) 247-3320

Yellowstone City-County Health Department  
PO Box 35033  
123 S 27th Street  
Billings MT 59107

**Blaine, Hill and Phillips counties:**

Karen Sloan  
Cindy Sorenson

(406) 265-5481, ext 255  
(406) 265-5481, ext 256

Hill County Health Department  
PO Box 166  
315 4<sup>th</sup> Street  
Havre MT 59501

**Broadwater, Jefferson, Lewis & Clark and Meagher counties:**

▶ Martha Finley (406) 457-8923  
Gaynell Eastman same

Lewis & Clark City-County Health Department  
1930 Ninth Avenue  
Helena MT 59601

**Cascade and Choteau counties:**

▶ Karen Grindeland (406) 791-9272  
▶ Trixie Smith (406) 791-9269

Cascade City-County Health Department  
115 Fourth Street S  
Great Falls MT 59401

**Custer, Garfield, Carter, Powder River and Rosebud counties:**

▶ Carol Graves (406) 874-3377

Custer County Health Department  
1010 Main Street  
Courthouse Annex  
Miles City MT 59301

**Daniels, Roosevelt, Sheridan and Valley counties:**

Mary Nyhus (406) 783-5366

Daniels County Health Department  
PO Box 247  
213 S Main – Courthouse  
Scobey MT 59623

**Dawson, Fallon, McCone, Prairie, Richland and Wibaux counties:**

▶ Deborah Swenson (406) 433-2207

Richland County Health Department  
221 Fifth Street SW  
Sidney MT 59270

**Fergus, Judith Basin, Petroleum and Wheatland counties:**

► Sue Irvin (406) 538-8811  
Jody Hertzog same

Central Montana Family Planning  
505 West Main, Suite 418  
Lewistown MT 59457

**Flathead, Lake, Lincoln and Sanders counties:**

Sally Kay Bertelsen (406) 751-8162

Flathead City-County Health Department  
1035 1st Ave W  
Kalispell MT 59901

**Gallatin, Park and Sweet Grass counties:**

► Tami Cavanaugh (406) 583-3107  
Nichole Arthur same

Gallatin City-County Health Department  
12 North Third Avenue  
Bozeman MT 59715

**Glacier, Liberty, Pondera, Teton and Toole counties:**

Jo Lynn Miller (406) 466-2562  
Kim Howard same

Teton County Health Department  
905 4th Street NW  
Choteau MT 59422

**Mineral, Missoula and Ravalli counties:**

► Krista Hellem (406) 258-4167  
► Hilda Zouhar (406) 258-4162  
► Colleen Hueffed

Missoula County Health Department  
323 West Alder  
Missoula MT 59802

Section: COVERAGE GROUPS

Subject: Breast &amp; Cervical Cancer Treatment

**Missoula Indian Center**

Debbie Tatsey

(406) 829-9515

Missoula Indian Center  
PO Box 16927  
Missoula MT 59804

**Indian Family Health Clinic**

Jackie Monroe

(406) 268-1587

Patsy Garman

(406) 268-1510

Indian Family Health Clinic  
1220 Central Ave, Ste 2B  
Great Falls MT 59401

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